PUBLIC SAFETY REGISTRATION

VALENCIA ENTERPRISES

1. **Last Name** | **First Name** | **M.I.**

2. **Social Security Number** X X X X X ☐☐☐☐

Home Phone:

Work Phone:

Email:

For receiving future course information

10. **Current Home Address**

Street Apt#

City

County State Zip

7. **Civil Rights Category** (Required under "Title VI" Civil Rights Act of 1964)

❑ Black/African American ❑ Asian/Pacific Islander

❑ American Indian/Alaskan Indian ❑ Hispanic/Latino

❑ Caucasian ❑ Other

8. Are you a U.S. Citizen or Permanent Resident Alien? ❑ Yes ❑ No Nation of Citizenship: _____ Visa type/Perm Resident No. _____

5. **Sex** 2 ❑ **F** 1 ❑ **M**

6. **Birthdate** ☐☐ ☐☐ ☐☐ Month Day Year

5. **Resident** ❑ No, previous state(country): _____

❑ Yes, I have resided in the state of Florida for past 12 consecutie months.

COURSE INFORMATION

Terms (check one) 1 ❑ Fall 2 ❑ Spring 3 ❑ Summer

Course # | **Schedule #**

Course Title

Location | Start/End Date | Course Fee

STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS In accordance with Valencia Enterprises and Valencia Community College policies and procedures, as well as state and federal law (FS §228.093, §20 U.S.C.A. 1232g), I voluntarily consent to the release of all Information from my educational records related to the courses(s) take pursuant to this registration. The disclosure of this information may ONLY be made to my employer who has sponsored my enrollment in this course(s) and/or third party providers. This consent shall be valid for a period of one year.

Signature _____ Date _____

Payment Method

❑ VISA ❑ AMEX ❑ Discover ❑ MC Exp. Date: _____

Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Check #/PO # _____ ❑ Cash

Make checks payable to: Valencia Enterprises

"I declare, under penalty of perjury punishable by law as a misdemeanor 837.06 Florida Statutes, that the foregoing is true and correct."

Signature: Date

FORM MAY BE DUPLICATED

Registrations should be received 7 days prior to start of classes. Form must be completely filled in and signed.

Agency:

Street Suite

City

County State Zip

Is your Employer paying for this course? ❑ Yes ❑ No

Licensed Health Professional

License No. _____

Profession: _____

How did you hear about courses?

❑ Course Schedule ❑ Brochure ❑ Internet

❑ Walk-in ❑ Returning Student

Please fax completed form to:

LMC - Attn: Public Safety

Fax: 407-582-6610

Phone: 407-582-6688

Email: ve_info@valenciacc.edu

Supervisor Comments:

Faxed by: _____

Faxed date: _____